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| <i>Index of Claims</i>  | Application/Control No. 10531205 | Applicant(s)/Patent Under Reexamination BOUKOBZA, ERIC |
| | Examiner Lewis, Cheryl | Art Unit 2167 |

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|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
| = | Allowed | ÷ | Restricted | I | Interference | O | Objected |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 | | | | | | | | | | |
|---|----------|------------|--|--|--|--|--|--|--|--|
| CLAIM | | DATE | | | | | | | | |
| Final | Original | 03/30/2009 | | | | | | | | |
| | 1 | - | | | | | | | | |
| | 2 | - | | | | | | | | |
| | 3 | - | | | | | | | | |
| | 4 | - | | | | | | | | |
| | 5 | - | | | | | | | | |
| | 6 | - | | | | | | | | |
| | 7 | - | | | | | | | | |
| | 8 | - | | | | | | | | |
| | 9 | - | | | | | | | | |
| | 10 | - | | | | | | | | |
| | 11 | - | | | | | | | | |
| | 12 | - | | | | | | | | |
| | 13 | - | | | | | | | | |
| | 14 | - | | | | | | | | |
| | 15 | - | | | | | | | | |
| | 16 | ✓ | | | | | | | | |
| | 17 | - | | | | | | | | |
| | 18 | - | | | | | | | | |
| | 19 | - | | | | | | | | |
| | 20 | - | | | | | | | | |
| | 21 | - | | | | | | | | |
| | 22 | ✓ | | | | | | | | |
| | 23 | ✓ | | | | | | | | |
| | 24 | O | | | | | | | | |
| | 25 | O | | | | | | | | |
| | 26 | O | | | | | | | | |
| | 27 | O | | | | | | | | |
| | 28 | O | | | | | | | | |
| | 29 | O | | | | | | | | |
| | 30 | ✓ | | | | | | | | |
| | 31 | O | | | | | | | | |
| | 32 | O | | | | | | | | |
| | 33 | O | | | | | | | | |
| | 34 | O | | | | | | | | |
| | 35 | O | | | | | | | | |
| | 36 | O | | | | | | | | |

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| CLAIM | | DATE | | | | | | | |
| Final | Original | 03/30/2009 | | | | | | | |
| | 37 | O | | | | | | | |
| | 38 | O | | | | | | | |
| | 39 | O | | | | | | | |
| | 40 | O | | | | | | | |
| | 41 | O | | | | | | | |
| | 42 | O | | | | | | | |
| | 43 | O | | | | | | | |
| | 44 | O | | | | | | | |
| | 45 | ✓ | | | | | | | |
| | 46 | O | | | | | | | |